


UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

FILED

JUN - 2 2023

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY David Guerra
PlaintiffAPPLICATION TO PROCEED
IN FORMA PAUPERIS BY A
PRISONER

vs.

Oaksmith, Warden S.Q.S.P.
Defendant

CASE NUMBER

2:23-cv-1048 CKD(HC)

I, David Guerra, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceeding or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FROM)

If "Yes" state the place of your incarceration. SAN QUENTIN STATE PRISON

Have the institution fill out the Certificate portion of this application and attach a certified copy of you prison trust account statement showing transactions for the past six months

2. Are you currently employed ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wage and pay period, and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. An other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

In the answer to any of the above is "Yes" describe by that item each sources of money and state the amount received and what you expect you will continue to receive. Please attach additional sheet if necessary.

4. Do you have cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

☐ Yes

☒ No

If "Yes" state the total amount: _____

6. Do you have any other assets?

☐ Yes

☒ No

If "Yes" list the asset(s) and state the value of each listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

5-7-2023
DATE

[Signature]
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____, on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ _____. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ _____.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

DATE

SIGNATURE OF AUTHORIZED OFFICER

DECLARATION OF SERVICE BY MAIL
BY PERSON IN STATE CUSTODY

(C.C.P. §§ 1013(A), 2015.5)

I, David Guerra, the undersigned, declare:

I am over the age of 18 years, and I am a party to this matter. I am a resident of SAN QUENTIN STATE PRISON, in the County of Marin, State of California. My Prison address is:

David Guerra
CDCR#: 366287, CELL#: 3-A-08
SAN QUENTIN STATE PRISON
SAN QUENTIN, CA 94974

On, 5-7-2023, I served the attached:

In Forma Pauperis

on the parties, at the addresses listed below, by placing true and correct copies thereof, enclosed in a sealed envelope (verified by prison staff) with postage fully prepaid, in a deposit box provided by San Quentin State Prison, for mailing in the United States Mail as per the regulations governing out-going Legal Mail.

U.S. District Court

Eastern District of California

501 "I" Street, Room 4-200

Sacramento, Ca. 95814

I declare under the penalty of perjury, under the laws of the State of California, that all the foregoing is true and correct.

Executed on 5-7-2023, at San Quentin, State California.

David Guerra

Declarant